

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: June 20 – Sept 30 2016 Grantee Name: myHealth

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
1	4	9	5				

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
3	2	2	12		

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
	19	

4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
10	4				2	3

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
5	10	4

6. Client Type:

Mother	Father	Grandparent	Other
19			

